

ISOLATION HOSPITAL MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8888  
Do not use this space.

REC'D APP 1 1938  
1. PLACE OF DEATH 1 1938  
(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City, ST. LOUIS, Mo. (d) Street No. Isolation Hosp St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. 2 (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME SHIRLEY BOOTH. 300  
(a) Residence, No. 1568 LEWIS AVE WELSTON Mo. St. N.R.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 20th 1933.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4. 3. 20.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI. 0  
13. NAME GEORGE BOOTH. 0  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI. 0  
15. MAIDEN NAME ELIZABETH O'HENSKY.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.  
17. INFORMANT (ADDRESS) STELLA GRADY. Isolation Hospital  
18. BURIAL, CREMATION, OR REMOVAL PLACE McLebanon cemetery DATE March 14 1938  
19. FUNERAL DIRECTOR (ADDRESS) Geo. A. Pleitnik Inc. 5946 Eastern Ave.  
20. FILED MAR 14 1938 J. B. Budich

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1938  
22. I HEREBY CERTIFY, That I attended deceased from 3-10-1938, to 3-12-1938, 1938  
I last saw him alive on 3-12-1938. Death is said to have occurred on the date stated above, at 6 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chicken Pox.  
Lobar Pneumonia.  
Other contributory causes of importance: HX  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify ..... (Signed) Henry J. Ylves, M. D.  
(Address) 5600 Central

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No. ....or by..... Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**